

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17862

State File No. \_\_\_\_\_

Registrar's No. 345

Primary Registration District No. 2000

Registration District No. 1943

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: St John's Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One day  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Paul Eugene Hendrix  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male  
5. Color or race white  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Jay  
6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased October 10th - 1942  
(Month) (Day) (Year)

8. AGE: Years 10 Months 6 Days 28  
If less than one day  
hr. min.

9. Birthplace Rolla - Mo  
(City, town or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business "

MOTHER FATHER  
12. Name Mr. Ernest Paul Hendrix  
13. Birthplace Sullivan Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mattie Frances Shackley  
15. Birthplace Conway Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ernest Paul Hendrix  
(b) Address Rolla - Mo

17. (a) Conway, Mo (b) Date thereof 5-3-1943  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conway, Missouri

18. (a) Signature of funeral director Ray Lanning

(b) Address Marshallfield Mo

19. (a) 5-3-43 (b) 5-7-43  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Phelps  
(c) City or town Rolla - Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st  
year 1943 hour One minute 30 P.M.

21. I hereby certify that I attended the deceased from April 30  
1943, 19\_\_\_\_, to May 1, 1943

that I last saw him alive on May 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Duration 32

Due to Influenza 48

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death) 330

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature W. B. Burch (M. D. or other) \_\_\_\_\_

Address 200 E. Phelps Date signed 5-4-43

984 (Licensed Embalmer's Statement on Reverse Side) Springfield Mo

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Lex Haring*

Licensed Embalmer No. *3312*

P. O. Address *Marathon, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.

*X*